CHRISTOPHER WAYNE LESTER
MADISON MEDICAL GROUP
RECORDS
14-G

auth/1-4-01/ [illegible] DOB copy - 1094458

Bob Wise
Governor

Robert J. Smith
Commissioner

West Virginia Bureau of Employment Programs

• Job Service • Labor Market Information
• Unemployment Compensation • Workers' Compensation
an equal opportunity/affirmative action employer

October 2, 2002

JMS

MADISON MEDICAL PLLC
705 MADISON AVENUE
MADISON, WV 25130

CHRISTOPHER W LESTER SR
P.O. BOX 1113
DANVILLE, WV 25053

Re: Claim 2000046841
S.S.N. [redacted]-3340
D.O.I. 03/10/2000

PLEASE READ CAREFULLY - AUTHORIZATION DECISION

The request from CHARLESTON PAIN MANA dated 10/01/2002, is Approved.

This letter will serve as authorization for (4)four follow up visit.

Authorized Dates are 09/10/2002 through 01/10/2003.

Your authorization number is 300218309.

For procedures, such as surgery, that are authorized and require multiple providers, the attending physician should share the authorization number with those providers to assure payment of their bills.

If it is later determined you are not entitled to authorized services, payment will be recovered.

Any party to this claim may protest this decision within 30 days from the date you receive this letter. You must send a written protest, along with a copy of this order, to the Office of Judges, P.O. Box 2233, Charleston, WV 25328-2233 and to the Supervisor, Claims Defense Litigation, P.O. Box 4317, Charleston, WV 25364-4317. Copies must also be sent to all other parties to the claim.

After the protest is filed, all parties may negotiate a final settlement of any and all issues in a claim, excluding medical benefits. To inquire about settling this claim, contact Workers' Compensation Internal Management Services, Settlement Unit, at P. O. Box 3587, Charleston, WV 25336-3587.

If you have any questions or concerns, you may reach me at 304-926-5397.
Workers' Compensation Division
BY: Donna Curry
Claims Representative 3/Senior

CC: D & M TRUCKING CORPORATION INC

RIAZ RIAZ UDDIN MD
CHARLESTON PAIN MANAGEMENT CONS I
VASS VOCATIONAL SERVICES
LAW OFFICES OF STUART CALWELL PLL

RECEIVED OCT 2 1 2002

U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

FORM APPROVED
OMB NO. 0938-0679

CERTIFICATE OF MEDICAL NECESSITY

DMERC 02.03B

MANUAL WHEELCHAIRS

SECTION A Certification Type/Date: INITIAL 9 / 4 / 02 REVISED / /

PATIENT NAME, ADDRESS, TELEPHONE and HIC NUMBER	SUPPLIER NAME, ADDRESS, TELEPHONE and NSC NUMBER
CHRISTOPHER LESTER PO BOX 1113 DANVILLE, WV 25053 (304) 369-6657 HICN	BOONE HOMECARE SUPPLIES 327 STATE STREET MADISON, WV 25130 (304) 369-7964 NSC # 0956640001
PLACE OF SERVICE 12 NAME and ADDRESS of FACILITY if applicable (See Reverse)	HCPCS CODE K0006	PT DOB [redacted]71 Sex M (M/F); HT 68 (in.); WT 300 (lbs.) PHYSICIAN NAME, ADDRESS, TELEPHONE and UPIN NUMBER JOHN M SNYDER 705 MADISON AVENUE MADISON, WV 25130 (304) 369-5170 UPIN # B13860

SECTION B Information In This Section May Not Be Completed by the Supplier of the Items/Supplies.

EST. LENGTH OF NEED (# OF MONTHS): 99 (1-99 (99=LIFETIME)) DIAGNOSIS CODES (ICD-9): 438.12 724.2

ITEM ADDRESSED	ANSWERS	ANSWER QUESTIONS 1, 5, 8 AND 9 FOR MANUAL WHEELCHAIR BASE, 1-5 FOR WHEELCHAIR OPTIONS/ACCESSORIES. (Circle Y for Yes, N for No, or D for Does Not Apply, unless otherwise noted.)
Manual Whichr Base And All Accessories	(Y) N D	1. Does the patient require and use a wheelchair to move around in their residence?
Reclining Back	Y (N) D	2. Does the patient have quadriplogia, a fixed hip angle, a trunk cast or brace, excessive extensor tone of the trunk muscles or a need to rest in a recumbent position two or more times during the day?
Elevating Legrest	Y (N) D	3. Does the patient have a cast, brace or musculoskeletal condition, which prevents 90 degree flexion of the knee, or does the patient have significant edema of the lower extremities that requires an elevating legrest, or is a reclining back ordered?
Adjustable Height Armrest	Y (N) D	4. Does the patient have a need for arm height different than that available using non-adjustable arms?
Reclining Back; Adjustable Ht. Armrest; Any Type Ltwt. Whichr	4	5. How many hours per day does the patient usually spend in the wheelchair? (1–24) (Round up to the next hour)
Any Type Ltwt. Whichr	(Y) N D	8. Is the patient able to adequately self-propel (without being pushed) in a standard weight manual wheelchair?
Any Type Ltwt. Whichr	(Y) N D	9. If the answer to question #8 is "No," would the patient be able to adequately self-propel (without being pushed) in the wheelchair which has been ordered?

NAME OF PERSON ANSWERING SECTION B QUESTIONS, IF OTHER THAN PHYSICIAN (Please Print):
NAME: Tom Mc[illegible] TITLE: _____ EMPLOYER: _____

SECTION C Narrative Description of Equipment and Cost

(1) Narrative description of all items, accessories and options ordered; (2) Supplier's charge; and (3) Medicare Fee Schedule Allowance for each item, accessory, and option. *(See instructions on back.)* If additional space is needed, list wheelchair base and most costly options/accessories on this page and continue on HCFA Form 854.

K0006: HEAVY DUTY WHEELCHAIR
$110.00 MONTHLY RENTAL
$106.07 MEDICARE MONTHLY RENTAL

☐ CHECK HERE IF ADDITIONAL OPTIONS/ACCESSORIES ARE LISTED ON ATTACHED HCFA FORM 854

SECTION D Physician Attestation and Signature/Date

I certify that I am the treating physician identified in Section A of this form. I have received Sections A, B and C of the Certificate of Medical Necessity (including charges for items ordered). Any statement on my letterhead attached hereto, has been reviewed and signed by me. I certify that the medical necessity information in Section B is true, accurate and complete, to the best of my knowledge, and I understand that any falsification, omission, or concealment of material fact in that section may subject me to civil or criminal liability.

PHYSICIAN'S SIGNATURE [signature] DATE 9/15/02 (SIGNATURE AND DATE STAMPS ARE NOT ACCEPTABLE)

FORM HCFA 844 (5/97)

500688.015.0181

11. DOL/DCMWC REIMBURSEMENT STANDARDS

11a. **For nebulizer equipment with compressor motor:** requires Pulmonary Funciton Test results that indicate a 50% reduction with a demonstrated 10% or greater increase after bronchodilation; or FEV_1 of 1.0L or less (See 11h).

11b. **For Home O_2 delivery equipment:** requires a pO_2 value of 60 mmHg or less on room air during a chronic state with corresponding pCO_2 and pH values. The pO_2 value should be 55 mmHg or less when an O_2 concentrator or liquid O_2 system is prescribed. If the ABG is done while the patient is on O_2, the pO_2 standard = 80 mmHg for all oxygen equipment. (See 11h.). All medical evidence to support your request will be considered.

11c. **Hospital bed:** must be justified by PF test results indicating an FEV_1 equal to or less than 40% of predicted, or chronic hypoxia (pO_2 of 55 mmHg or less).

11d. **Prescriptions for home care:** must include objective test results or comparable clinical data, explanation why the patient is homebound, and a specific schedule of services to be rendered, including the total number and frequency of prescribed visits. Indicate the type of medical professional (PA, RN, LPN, RT) providing care. Use number 12, below, and/or attach separate sheet.

11e. **Prescription for pulmonary rehabilitation services:** must include objective test results that justify extent (i.e., level) of rehabilitation prescribed. All services for pulmonary rehabilitation must be categorized by Impairment Level (AMA - Guides to the Evaluation of Permanent Impairment, 2nd Ed. 1984). Also, all pulmonary rehabilitation protocols must be prior-approved. Use number 12, below, and/or attach separate sheet.

11f. **Commodes:** will be purchased for patients unable to use an available bathroom facility due to a pulmonary impairment.
Objective test requirements: for ABG, pO_2 of 55 mmHg or less; for PFS, FEV_1 of 40% or less of predicted.

11g. **Wheel chairs:** are not a commonly covered item. Requests must include medical support data and will be evaluated individually. Data must support the wheelchair need because of a severe pulmonary impairment.

11h. **ALL CMN supportive test results:** must be dated 2 months or less prior to prescription for services. Recertification services must be reviewed yearly or at the expiration date.

NOTE: Prescription for indefinite services or those without required objective test data will be returned for specific information. If your request is rejected because your patient's medical condition does not meet DOL reimbursement requirement standards you may submit other medical evidence to support your prescription request. All evidence will be considered.

12. Comments:
K0006: HEAVY DUTY WHEELCHAIR

13. PHYSICIAN/PROVIDER INFORMATION

a. Physician's Name, Address and Phone Number (print or type)
JOHN M SNYDER
705 MADISON AVENUE
MADISON, WV 25130
(304)369-5170

b. Are you the patient's regular physician or are you actively treating this patient? Yes ☑ No ☐

If NO, explain why you are prescribing the equipment or services on this form.

c. Date of Visit (the date you examined the patient and determined the need for this prescription): 8 30 3 (MM DD YY)

d. Date that the prescribed treatment or service is authorized to begin: 9 04 02 (MM DD YY)

e. By my signature I certify that I am actively treating this patient (or have provided an explanation, 13b., above) and that the prescribed equipment and/or services on this form are medically necessary for treating this patient's condition. I am also aware that, pursuant to 30 U.S.C. 941, any person who willfully makes any false or misleading statement or representation for the purpose of obtaining any benefit or payment relating to this prescription shall be guilty of a misdemeanor and subject to a fine and/or imprisonment.

Physician's Original Signature (Do not use stamp) — Date: 9/13/02

Please forward this completed form to the DOL/DCMWC Office which maintains the patient's Black Lung Claim.
For further information call TOLL FREE:
1-800-638-7072. (In MD.: 1-800-492-5737)

f. Servicing Provider's Name, Address, Phone No., and PROVIDER NO.:
BOONE HOMECARE SUPPLIES PROVIDER#
327 STATE STREET 55-0739015-001
MADISON, WV. 25130 (304)369-7964

Public Burden Statement

We estimate that it will take an average of 20-40 minutes to complete this collection of information, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection of information, including suggestions for reducing this burden, send them to the Office of IRM Policy, U.S. Department of Labor, Room N1301, 200 Constitution Avenue, N.W., Washington, D.C. 20210; and to the Office of Management and Budget, Paperwork Reduction Project (1215-0113), Washington, D.C. 20503.
DO NOT SEND THE COMPLETED FORM TO EITHER OF THESE OFFICES

J. MARK SNYDER, D.O.
705 MADISON AVENUE
MADISON, WV 25130
PHONE (304)369-5170
FAX (304)369-1742

DATE 9-13-02

NAME Christopher Lester

CLAIM 20000 46841

SS# [redacted] 3340

D.O.I. 3/10/2000

Dear Donna Curry

I am requesting authorization for the above patient to obtain the following services:

follow-up ortho & treatment for Dr Saldanha

Thank you for your assistance.

Sincerely,

J. Mark Snyder, DO (JB)

J. Mark Snyder, D.O.
JMS/fgb

Enclosures:

9.13.02 Not sent in spoke to Laura at (illegible) Dr Saldanha & they have already requested JB

MADISON MEDICAL, PLLC
705 Madison Avenue • Madison, WV 25130
Phone (304) 369-5170 • Fax (304) 369-1742

Robert B. Atkins, M.D.
Family Practice

John Mark Snyder, D.O.
General Practice

Ron D. Stollings, M.D.
Internal Medicine, Geriatrics

Barbara J. Koster, MSN-RNC
Nurse Practitioner

September 3, 2002

Worker's Compensation
P. O. Box 3151
Charleston, WV 25322

RE: Christopher Lester
Claim No. 200004684
DOI: 03/10/2000

Dear Sirs,

Christopher Lester has been experiencing urinary incontinence and recently seen Dr. Martinez, urologist in Charleston. Dr. Martinez feels that Christopher's incontinence is secondary to his compensable low back injury and would like to have a referral to him in regard to this. I would appreciate approval for urology consultation with Dr. Fredrick Martinez in Charleston.

Sincerely,

John M. Snyder, D. O.
JMS:bw

CHARLESTON AREA MEDICAL CENTER EMERGENCY DEPARTMENT EVALUATION
Charleston, West Virginia
0905

PATIENT: Lester, Christopher DATE:

PATIENT NUMBER: 1210880215 MRN: 0000301467

ATTENDING PHYSICIAN: Jaime Forero, MD
The time seen is 18:30

CHIEF COMPLAINT: Syncopal episode.

HISTORY OF PRESENT ILLNESS: This is a 30-year-old white male transferred from Boone Memorial Hospital with diagnostic impression of 1—neurological ischemic changes, 2—seizure disorder versus cerebrovascular accident. According to the patient and wife, he developed right arm pain last night, Saturday night and some slurred speech. According to the wife, this morning he went out to the garage. His 3-year-old son followed him out there and came back and told the wife that he could not wake up Daddy. The wife went to the garage and found the patient unresponsive. She states that he was probably unresponsive for about 15 minutes. The patient states he remembers walking out the door to go to the garage and the next thing he knew he was awakened in the hospital. According to the wife, the patient was shaking when she found him, unresponsive on the garage floor. The wife also reports she noticed some right-sided mouth drawing. The patient complains of right arm pain and right leg numbness. The wife states she noted some behavioral changes with him this past Wednesday night. The patient has history of depression and severe anxiety. They had been camping in tents in Ohio for approximately 6 days, returning home this past Thursday. The patient states he has 4th and 5th finger numbness on the left that is from an old rotator cuff injury.

PAST MEDICAL HISTORY: Back injury, compression fracture of thoracic spine in 1993, herniated bulging disk in the lumbar spine—all according to the patient after falling off a coal truck, left rotator cuff injury.

PAST SURGICAL HISTORY: None.

SOCIAL HISTORY: No tobacco, no ETOH.

FAMILY HISTORY: Father in his 40's was diagnosed with some type of heart disease, possibly coronary artery disease, father is living at the age of 74. Mother living at the age of 72 with history of diabetes mellitus and asthma. He has brothers and sisters with diabetes and asthma.

ALLERGIES: No known drug allergies.

MEDICATIONS:
OxyContin.
Flexeril.

EMERGENCY DEPARTMENT EVALUATION - 2

PATIENT: Lester, Christopher PN: 1210880215

Effexor.
Trazodone.

REVIEW OF SYSTEMS:
GENERAL: Positive for fever, chills and malaise.
EARS, NOSE AND THROAT: No nasal drainage, sore throat, earache or epistaxis.
RESPIRATORY: The patient had some shortness of breath, oxygen helped after arrival to the Emergency Department. He denies cough.
CARDIOVASCULAR: Syncopal episode. The patient denies chest pain. No edema.
GASTROINTESTINAL: No nausea or vomiting. Bowel movements ok. No abdominal pain.
GENITOURINARY: Voiding ok. No dysuria. Adequate amounts of urine output. No hesitancy or frequency.
NEUROLOGICAL: The patient has right leg numbness. He has chronic 4th and 5th finger numbness related to rotator cuff tear.
EYES: No visual disturbances.
ENDOCRINE: No diabetes mellitus or thyroid problems. Appetite varies from time to time.
MUSCULOSKELETAL: Some right arm pain and right leg numbness, pain and low back pain.
SKIN: No lesions, no rashes.

PHYSICAL EXAMINATION:
CONSTITUTIONAL: General condition, excellent, overweight.
MENTAL STATUS: Fully alert and oriented to time, person and place.
TEMPERATURE: 37.
PULSE: 88.
RESPIRATORY RATE: 18.
BLOOD PRESSURE: 125/72.
OXYGEN SATURATION: 95 percent on room air.
HEAD, EYES, EARS, NOSE AND THROAT: Eyes-The pupils are equal, round and reactive to light and accommodation. The extraocular movements are intact. No cranial nerve deficits.
NECK: The neck is supple. No jugular venous distention or cervical lymphadenopathy.
LUNGS: The lungs are clear to auscultation. Breath sounds equal.
HEART: The heart has regular rate and rhythm.
ABDOMEN: The abdomen is soft, very prominent, non-tender. Bowel sounds active.
BACK: Restricted range of motion along with guarding secondary to low back pain. Appears physically incapacitated due to back problem.
EXTREMITIES: No neuro-focal signs. Good strength throughout. Lower extremity mobilization elicits apparently significant low back discomfort. Right shoulder movement elicits pain apparently secondary to rotator cuff problem. Good blood flow to all 4 limbs.

LABORATORY/X-RAY RESULTS:

EMERGENCY DEPARTMENT EVALUATION - 3

PATIENT: Lester, Christopher PN: 1210880215

EMERGENCY DEPARTMENT TREATMENT AND COURSE: At 21:10, there are no clinical or historical signs of cerebrovascular accident or seizure disorder. Basically, problem resides in lower back, apparently bringing about significant physical incapacitation. The patient was assisted in ambulation using a walker and medicated with Toradol 60 initially and then given Demerol 50 milligrams intravenously and repeated approximately 1 hour later.

CLINICAL IMPRESSION:
1. Acute exacerbation of low back pain.
2. Side effect to mind-altering medications.

DISPOSITION: Discharge home. Sedation precautions. Use OxyContin sparingly. Use walker. Return to the Emergency Department prn. Followup with Dr. Snyder this week.

I personally have performed and/or participated in all of the above services and procedures.

D: 07/28/2002 9:31 P Cindy Sloan
T: 08/01/2002 1:56 P jt
Job 413622
Copies mailed prior to physician review.

Jaime Forero, MD.

cc: Boone Memorial Hospital, FACILITY
J. Mark Snyder, DO

cncm/4-7-98/*6 ** VENDOR COPY ** 1024458

Bob Wise
Governor
Robert J. Smith
Commissioner

West Virginia Bureau of Employment Programs
• Job Service/Job Training Programs • Labor Market Information
• Unemployment Compensation • Workers' Compensation
an equal opportunity/affirmative action employer

August 12, 2002

MADISON MEDICAL PLLC
705 MADISON AVENUE
MADISON, WV 25130

CHRISTOPHER W LESTER SR
P.O. BOX 1113
DANVILLE, WV 25053

Re: Claim 2000046841
S.S.N. [redacted]3340
D.O.I. 03/10/2000

PLEASE READ CAREFULLY - ASSIGNMENT OF CLAIMS MANAGER

This is to inform you that I have been assigned as the Claims Manager in your claim. By copy of this letter, I will be notifying all medical providers and other parties involved.

Donna Curry 1-304-926-5397

If you have any questions or problems, you may contact me by calling 304-926-5397 or by writing to the following address:

Bureau of Employment Programs
Workers' Compensation Division
PO. Box 431
Charleston, WV 25322
Attention: Donna Curry

Workers' Compensation Division
BY: Donna Curry
Claims Representative 3/Senior

CC: D & M TRUCKING CORPORATION INC
RIAZ RIAZ UDDIN MD
CHARLESTON PAIN MANAGEMENT CONS I
VASS VOCATIONAL SERVICES
LAW OFFICES OF STUART CALWELL PLL

RECEIVED AUG 14 2002

500688.015.0188

atty/4-7-98/*6 -- VENDOR COPY ** 1024458

Bob Wise
Governor

Robert J. Smith
Commissioner

West Virginia Bureau of Employment Programs
• Job Service/Job Training Programs • Labor Market Information
• Unemployment Compensation • Workers' Compensation
an equal opportunity/affirmative action employer

July 8, 2002

MADISON MEDICAL PLLC
705 MADISON AVENUE
MADISON, WV 25130

CHRISTOPHER W LESTER SR
P.O. BOX 1113
DANVILLE, WV 25053

Re: Claim 2000046841
S.S.N. [redacted]3340
D.O.I. 03/10/2000

PLEASE READ CAREFULLY - ATTORNEY REPRESENTATION

A request has been received to acknowledge attorney LAW OFFICES OF STUART CALWELL PLLC,
as representative in this claim.

We agree to furnish copies of all correspondence and checks to this claimant representative.

Debbie Booker is your claims manager.

This will remain in effect unless further information is received.

If you have any questions or concerns, you may reach me at 304-558-2083.

Workers' Compensation Division
BY: Havolene Evans
Claims Tech

CC: D & M TRUCKING CORPORATION INC
RIAZ RIAZ UDDIN MD
CHARLESTON PAIN MANAGEMENT CONS I
VASS VOCATIONAL SERVICES
LAW OFFICES OF STUART CALWELL PLL

RECEIVED JUL 12 2002

auth/1-4-01/*8 ** VENDOR COPY ** 1024458

Bob Wise
Governor

Robert J. Smith
Commissioner

West Virginia Bureau of Employment Programs
• Job Service/Job Training Programs • Labor Market Information
• Unemployment Compensation • Workers' Compensation
an equal opportunity/affirmative action employer

May 9, 2002

MADISON MEDICAL PLLC
705 MADISON AVENUE
MADISON, WV 25130

CHRISTOPHER W LESTER SR
P.O. BOX 1113
DANVILLE, WV 25053

Re: Claim 2000046841
S.S.N. [redacted]3340
D.O.I. 03/10/2000

PLEASE READ CAREFULLY - AUTHORIZATION DECISION

The request from CHARLESTON PAIN MANA dated 04/29/2002, is Approved.

THIS LETTER WILL SERVE AS AUTHORIZATION FOR A THREE MONTH EXTENSION FOR THE LAST LUMBAR FACET INJECTION, PER REQUEST OF THE TREATING PHYSICIAN.

Authorized Dates are 04/29/2002 through 07/29/2002.

Your authorization number is 300157691.

For procedures, such as surgery, that are authorized and require multiple providers, the attending physician should share the authorization number with those providers to assure payment of their bills.

If it is later determined you are not entitled to authorized services, payment will be recovered.

Any party to this claim may protest this decision within 30 days from the date you receive this letter. You must send a written protest, along with a copy of this order, to the Office of Judges, P.O. Box 2233, Charleston, WV 25328-2233 and to the Supervisor, Claims Defense Litigation, P.O. Box 4317, Charleston, WV 25364-4317. Copies must also be sent to all other parties to the claim.

After the protest is filed, all parties may negotiate a final settlement of any and all issues in a claim, excluding medical benefits. To inquire about settling this claim, contact Workers' Compensation Internal Management Services, Settlement Unit, at P. O. Box 3587, Charleston, WV 25336-3587.

If you have any questions or concerns, you may reach me at 304-926-5361.
Workers' Compensation Division
BY: Deborah Booker
Claims Representative 3/Senior

CC: D & M TRUCKING CORPORATION INC
KOZAK JOHN H
RIAZ RIAZ UDDIN MD
CHARLESTON PAIN MANAGEMENT CONS I
VASS VOCATIONAL SERVICES

RECEIVED MAY 13 2002

Workers' Compensation Division - Office of Claims Management

500688.015.0190

MADISON MEDICAL, P.L.L.C.
705 MADISON AVE.
MADISON, WV 25130
PHONE #: (304) 369-5170
FAX #: (304) 369-1742

MEDICAL RECORDS RELEASE AUTHORIZATION

TO: BMH
DOCTOR

ADDRESS: _____

_____

I HEREBY AUTHORIZE AND REQUEST YOU TO RELEASE TO:

Mark Snyder, D.O.

_____

THE COMPLETE RECORDS IN YOUR POSSESSION CONCERNING MY ILLNESSES AND/OR TREATMENTS DURING THE PERIOD FROM:

Recent ER Report TO _____

NAME: Christopher W. Lester DATE: 3-1-02

ADDRESS: P.O. Box 1113
Danville, WV 25053

BIRTHDATE: [redacted]71 SSN: [redacted]3340

SIGNATURE: _____
(IF RELATIVE, STATE RELATION)

WITNESS: Kimberly Bailey

THIS RELEASE AND AUTHORIZATION SHALL BE VALID FOR ONE YEAR FROM ITS DATE OF SIGNATURE UNLESS TERMINATED IN WRITING BEFORE THAT DATE.

*If a fee is required for records, please pre-bill. The physicians office will not be responsible for any fees incurred.

FAXED By: KB
Date: 3/1/02

5006880150192

MADISON MEDICAL, P.L.L.C.
701 MADISON AVE.
MADISON, WV 25130
PHONE #: (304) 369-5170
FAX #: (304) 369-1742

MEDICAL RECORDS RELEASE AUTHORIZATION

TO: BMH
DOCTOR

ADDRESS:

I HEREBY AUTHORIZE AND REQUEST YOU TO RELEASE TO:
Mark Snyder, D.O.

THE COMPLETE RECORDS IN YOUR POSSESSION CONCERNING MY ILLNESSES AND/OR TREATMENTS DURING THE PERIOD FROM:
Recent ER Report TO

NAME: Christopher W. Lester DATE: 3-1-02
ADDRESS: P.O. Box 1113
Danville, WV 25053
BIRTHDATE: [redacted]-71 SSN: [redacted]3340
SIGNATURE:
(IF RELATIVE, STATE RELATION)
WITNESS: Kimberly Bailey

THIS RELEASE AND AUTHORIZATION SHALL BE VALID FOR ONE YEAR FROM ITS DATE OF SIGNATURE UNLESS TERMINATED IN WRITING BEFORE THAT DATE.

*If a fee is required for records, please pre-bill. The physicians office will not be responsible for any fees incurred.

Reason for error
E-1) Hang up or line fail
E-2) Busy
E-3) No answer
E-4) No facsimile connection

0571 Memory TX 3691525 P. 1 OK

File No. Mode Destination Pg(s) Result Page Not Sent

* * * Transmission Result Report (MemoryTX) (Aug.22. 1996 2:03AM) * * *

P. 1

auth/1-4-01/*8 ** VENDOR COPY ** 1024458

Bob Wise
Governor

Robert J. Smith
Commissioner

West Virginia Bureau of Employment Programs
• Job Service/Job Training Programs • Labor Market Information
• Unemployment Compensation • Workers' Compensation
an equal opportunity/affirmative action employer

May 9, 2002

MADISON MEDICAL PLLC
705 MADISON AVENUE
MADISON, WV 25130

CHRISTOPHER W LESTER SR
P.O. BOX 1113
DANVILLE, WV 25053

Re: Claim 2000046841
S.S.N. [redacted]3340
D.O.I. 03/10/2000

PLEASE READ CAREFULLY - AUTHORIZATION DECISION

The request from CHARLESTON PAIN MANA dated 04/29/2002, is Approved.

THIS LETTER WILL SERVE AS AUTHORIZATION FOR AN EXTENSION

Authorized Dates are 04/29/2002 through 07/29/2002.

Your authorization number is 300157692.

For procedures, such as surgery, that are authorized and require multiple providers, the attending physician should share the authorization number with those providers to assure payment of their bills.

If it is later determined you are not entitled to authorized services, payment will be recovered.

Any party to this claim may protest this decision within 30 days from the date you receive this letter. You must send a written protest, along with a copy of this order, to the Office of Judges, P.O. Box 2233, Charleston, WV 25328-2233 and to the Supervisor, Claims Defense Litigation, P.O. Box 4317, Charleston, WV 25364-4317. Copies must also be sent to all other parties to the claim.

After the protest is filed, all parties may negotiate a final settlement of any and all issues in a claim, excluding medical benefits. To inquire about settling this claim, contact Workers' Compensation Internal Management Services, Settlement Unit, at P. O. Box 3587, Charleston, WV 25336-3587.

If you have any questions or concerns, you may reach me at 304-926-5361.

Workers' Compensation Division
BY: Deborah Booker
Claims Representative 3/Senior

CC: D & M TRUCKING CORPORATION INC

KOZAK JOHN H
RIAZ RIAZ UDDIN MD
CHARLESTON PAIN MANAGEMENT CONS I
VASS VOCATIONAL SERVICES

RECEIVED MAY 15 2002

500688.015.0193

atty/4-7-98/*6 ** VENDOR COPY ** 1024458

Bob Wise
Governor

Robert J. Smith
Commissioner

West Virginia Bureau of Employment Programs
• Job Service/Job Training Programs • Labor Market Information
• Unemployment Compensation • Workers' Compensation
an equal opportunity/affirmative action employer

May 10, 2002

MADISON MEDICAL PLLC
705 MADISON AVENUE
MADISON, WV 25130

CHRISTOPHER W LESTER SR
P.O. BOX 1113
DANVILLE, WV 25053

Re: Claim 2000046841
S.S.N. [redacted]8340
D.O.I. 03/10/2000

PLEASE READ CAREFULLY - ATTORNEY REPRESENTATION

A request has been received to acknowledge attorney WHITE THOMAS EUGENE, as representative in this claim.

We agree to furnish copies of all correspondence and checks to this claimant representative.

This will remain in effect unless further information is received.

If you have any questions or concerns, you may reach me at 304-558-3487.

Workers' Compensation Division
BY: Amy Smith
Claims Tech

CC: D & M TRUCKING CORPORATION INC
WHITE THOMAS EUGENE
RIAZ RIAZ UDDIN MD
CHARLESTON PAIN MANAGEMENT CONS I
VASS VOCATIONAL SERVICES

RECEIVED MAY 1 5 2002

500688.015.0194

auth/1-4-01/*8 ** VENDOR COPY ** 1024458

Bob Wise
Governor

Robert J. Smith
Commissioner

West Virginia Bureau of Employment Programs
• Job Service/Job Training Programs • Labor Market Information
• Unemployment Compensation • Workers' Compensation
an equal opportunity/affirmative action employer

March 15, 2002

MADISON MEDICAL PLLC
705 MADISON AVENUE
MADISON, WV 25130

CHRISTOPHER W LESTER SR
P.O. BOX 1113
DANVILLE, WV 25053

Re: Claim 2000046841
S.S.N. [redacted]-3340
D.O.I. 03/10/2000

PLEASE READ CAREFULLY - AUTHORIZATION DECISION

The request from CHARLESTON PAIN MANA dated 02/25/2002, is Approved.

THIS LETTER WILL SERVE AS AUTHORIZATION FOR 2 LUMBAR FACET INJECTIONS, PER REQUEST OF TREATING PHYSICIAN.

Authorized Dates are 02/25/2002 through 05/25/2002.

Your authorization number is 300132574.

For procedures, such as surgery, that are authorized and require multiple providers, the attending physician should share the authorization number with those providers to assure payment of their bills.

If it is later determined you are not entitled to authorized services, payment will be recovered.

Any party to this claim may protest this decision within 30 days from the date you receive this letter. You must send a written protest, along with a copy of this order, to the Office of Judges, P.O. Box 2233, Charleston, WV 25328-2233 and to the Supervisor, Claims Defense Litigation, P.O. Box 4317, Charleston, WV 25364-4317. Copies must also be sent to all other parties to the claim.

After the protest is filed, all parties may negotiate a final settlement of any and all issues in a claim, excluding medical benefits. To inquire about settling this claim, contact Workers' Compensation Internal Management Services, Settlement Unit, at P. O. Box 3587, Charleston, WV 25336-3587.

If you have any questions or concerns, you may reach me at 304-926-5361.

Workers' Compensation Division
BY: Deborah Booker
Claims Representative 3/Senior

CC: D & M TRUCKING CORPORATION INC
KOZAK JOHN H
RIAZ RIAZ UDDIN MD
CHARLESTON PAIN MANAGEMENT CONS I
VASS VOCATIONAL SERVICES

awar/1-4-01/*8 ** VENDOR COPY ** 1024458

Bob Wise
Governor

Robert J. Smith
Commissioner

West Virginia Bureau of Employment Programs
• Job Service/Job Training Programs • Labor Market Information
• Unemployment Compensation • Workers' Compensation
an equal opportunity/affirmative action employer

February 28, 2002

MADISON MEDICAL PLLC
705 MADISON AVENUE
MADISON, WV 25130

CHRISTOPHER W LESTER SR
P.O. BOX 1113
DANVILLE, WV 25053

Re: Claim 2000046841
S.S.N. [redacted]3340
D.O.I. 03/10/2000

PLEASE READ CAREFULLY - AWARD GRANTED

Medical evidence has been received from JOHN D. JUSTICE, M.D., dated 09/18/2001, that indicates you have a 10% permanent partial disability. You are being granted this ADDITIONAL AWARD for permanent impairment resulting from your PSYCHIATRIC.

There will be no payment on this award until the begin date listed above. You will receive monthly payments until your award expires.

The breakdown of your award is as follows:

Current Award $17558.44	Begins 01/27/2003	Expires 11/02/2003		
Deductions				
NAP Non-Awarded Partial Balance	$0	Total Overpaid	$0	
Child Advocate Balance	$1785.5	Balance		$15772.94
Overpaid this claim	$0	Monthly Rate	$1738.79	
Overpaid other claims n/a	n/a			
n/a	n/a			
n/a				

The granting of this award closes your claim for permanent partial disability benefits.

If it is later determined you are not entitled to these benefits, you will be directed to reimburse the full amount.

THIS AWARD WILL NOT START UNTIL PREVIOUS AWARD EXPIRES, WHICH WILL BE 01/26/2003..

Any party to this claim may protest this decision within 30 days from the date you receive this letter. You must send a written protest, along with a copy of this order, to the Office of Judges, P.O. Box 2233, Charleston, WV 25328-2233 and to the Supervisor, Claims Defense Litigation, P.O. Box 4317, Charleston, WV 25364-4317. Copies must also be sent to all other parties to the claim.

After the protest is filed, all parties may negotiate a final settlement of any and all issues in a claim, excluding medical benefits. To inquire about settling this claim, contact Workers' Compensation Internal Management Services, Settlement Unit, at P. O. Box 3587, Charleston, WV 25336-3587.

If you have any questions or concerns, you may reach me at 304-926-5361.

Workers' Compensation Division
BY: Deborah Booker
Claims Representative Senior

RECEIVED MAR 0 5 2002

CC: D & M TRUCKING CORPORATION INC
KOZAK JOHN H
RIAZ RIAZ UDDIN MD
CHARLESTON PAIN MANAGEMENT CONS I

auth/1-4-01/*8 ** VENDOR COPY ** 1024458

Bob Wise
Governor

Robert J. Smith
Commissioner

West Virginia Bureau of Employment Programs
• Job Service/Job Training Programs • Labor Market Information
• Unemployment Compensation • Workers' Compensation
an equal opportunity/affirmative action employer

February 22, 2002

MADISON MEDICAL PLLC
705 MADISON AVENUE
MADISON, WV 25130

CHRISTOPHER W LESTER SR
P.O. BOX 1113
DANVILLE, WV 25053

Re: Claim 2000046841
S.S.N. [redacted]3340
D.O.I. 03/10/2000

PLEASE READ CAREFULLY - AUTHORIZATION DECISION

The request from *RIAZ RIAZ UDDIN MD* dated 01/10/2002, is Approved.

THIS SERVES AS AUTHORIZATION FOR THE FOLLOWING MEDICATIONS: EFFEXOR XR 150 MG, PAMELOR 50 MG AND VISTRIL 50 MG AS REQUESTED BY DR RIAZ

Authorized Dates are 01/10/2002 through 04/10/2002.

Your authorization number is 300123237.

For procedures, such as surgery, that are authorized and require multiple providers, the attending physician should share the authorization number with those providers to assure payment of their bills.

If it is later determined you are not entitled to authorized services, payment will be recovered.

Any party to this claim may protest this decision within 30 days from the date you receive this letter. You must send a written protest, along with a copy of this order, to the Office of Judges, P.O. Box 2233, Charleston, WV 25328-2233 and to the Supervisor, Claims Defense Litigation, P.O. Box 4317, Charleston, WV 25364-4317. Copies must also be sent to all other parties to the claim.

After the protest is filed, all parties may negotiate a final settlement of any and all issues in a claim, excluding medical benefits. To inquire about settling this claim, contact Workers' Compensation Internal Management Services, Settlement Unit, at P. O. Box 3587, Charleston, WV 25336-3587.

If you have any questions or concerns, you may reach me at 304-926-5194.
Workers' Compensation Division
BY: Paul Maynard
Claims Representative 2

CC: D & M TRUCKING CORPORATION INC
KOZAK JOHN H
RIAZ RIAZ UDDIN MD
CHARLESTON PAIN MANAGEMENT CONS I
VASS VOCATIONAL SERVICES

RECEIVED FEB 25 2002

500688.015.0197

auth/1-4-01/*8 ** DOCTOR COPY ** 1024458

Bob Wise
Governor

Robert J. Smith
Commissioner

West Virginia Bureau of Employment Programs
• Job Service/Job Training Programs • Labor Market Information
• Unemployment Compensation • Workers' Compensation
an equal opportunity/affirmative action employer

February 14, 2002

MADISON MEDICAL PLLC
705 MADISON AVENUE
MADISON, WV 25130

CHRISTOPHER W LESTER
PO BOX 1113
DANVILLE, WV 25053-0000

Re: Claim 950006803
S.S.N. [redacted]-3340
D.O.I. 08/10/1994

PLEASE READ CAREFULLY - AUTHORIZATION DECISION

The request from MADISON MEDICAL PLLC dated 11/28/2001, is Denied.

Request for surgical consult for gastric bypass procedure is DENIED as claimant's weight problems are not a compensable part of this back injury claim.

Authorized Dates are N/A through .

Your reference number is 300119921.

For procedures, such as surgery, that are authorized and require multiple providers, the attending physician should share the authorization number with those providers to assure payment of their bills.

If it is later determined you are not entitled to authorized services, payment will be recovered.

Any party to this claim may protest this decision within 30 days from the date you receive this letter. You must send a written protest, along with a copy of this order, to the Office of Judges, P.O. Box 2233, Charleston, WV 25328-2233 and to the Supervisor, Claims Defense Litigation, P.O. Box 4317, Charleston, WV 25364-4317. Copies must also be sent to all other parties to the claim.

After the protest is filed, all parties may negotiate a final settlement of any and all issues in a claim, excluding medical benefits. To inquire about settling this claim, contact Workers' Compensation Internal Management Services, Settlement Unit, at P. O. Box 3587, Charleston, WV 25336-3587.

If you have any questions or concerns, you may reach me at 304-926-5468.

Workers' Compensation Division
BY: Mary Parsons
Claims Representative 3/Senior

CC: HOME SHOW - DANVILLE INC THE
NELSON TIMOTHY W MD

RECEIVED FEB 15 2002

500688.015.0198

auwh/6-8-01/*6 ** VENDOR COPY ** 1024458

Bob Wise
Governor

Robert J. Smith
Commissioner

West Virginia Bureau of Employment Programs
• Job Service/Job Training Programs • Labor Market Information
• Unemployment Compensation • Workers' Compensation
an equal opportunity/affirmative action employer

January 31, 2002

MADISON MEDICAL PLLC
705 MADISON AVENUE
MADISON, WV 25130

CHRISTOPHER W LESTER SR
P.O. BOX 1113
DANVILLE, WV 25053

Re: Claim 2000046841
S.S.N. [redacted]-3340
D.O.I. 03/10/2000

PLEASE READ CAREFULLY - AUTHORIZATION WITHHELD.

The request from JOHN SNYDER, M.D., dated 11/16/2001, for OXYCONTIN is withheld pending .

WE NEED A DETAILED NARRATIVE WITH WEANING AND TAPERING PLAN WHICH WAS REQUESTED ON 04/02/ AND 08/29/2001..

If you have any questions or concerns, you may reach me at 304-926-5361.

Workers' Compensation Division
BY: Deborah Booker
Claims Representative 3/Senior

CC: D & M TRUCKING CORPORATION INC
KOZAK JOHN H
RIAZ RIAZ UDDIN MD
CHARLESTON PAIN MANAGEMENT CONS I
VASS VOCATIONAL SERVICES

RECEIVED FEB 1 2002

auth/1-4-01/*8 ** VENDOR COPY ** 1024458

Bob Wise
Governor

Robert J. Smith
Commissioner

West Virginia Bureau of Employment Programs
• Job Service/Job Training Programs • Labor Market Information
• Unemployment Compensation • Workers' Compensation
an equal opportunity/affirmative action employer

January 18, 2002

MADISON MEDICAL PLLC
705 MADISON AVENUE
MADISON, WV 25130

CHRISTOPHER W LESTER SR
P.O. BOX 1113
DANVILLE, WV 25053

Re: Claim 2000046841
S.S.N. [redacted]3340
D.O.I. 03/10/2000

PLEASE READ CAREFULLY - AUTHORIZATION DECISION

The request from CHARLESTON PAIN MANA dated 01/17/2002, is Approved.

THIS AUTHORIZATION IS FOR A FOLLOWUP APPOINTMENT WITH DR SALDANHA SCHEDULED FOR 01/18/2002

Authorized Dates are 01/17/2002 through 04/17/2002.

Your authorization number is 300109578.

For procedures, such as surgery, that are authorized and require multiple providers, the attending physician should share the authorization number with those providers to assure payment of their bills.

If it is later determined you are not entitled to authorized services, payment will be recovered.

Any party to this claim may protest this decision within 30 days from the date you receive this letter. You must send a written protest, along with a copy of this order, to the Office of Judges, P.O. Box 2233, Charleston, WV 25328-2233 and to the Supervisor, Claims Defense Litigation, P.O. Box 4317, Charleston, WV 25364-4317. Copies must also be sent to all other parties to the claim.

After the protest is filed, all parties may negotiate a final settlement of any and all issues in a claim, excluding medical benefits. To inquire about settling this claim, contact Workers' Compensation Internal Management Services, Settlement Unit, at P. O. Box 3587, Charleston, WV 25336-3587.

If you have any questions or concerns, you may reach me at 304-926-5194.
Workers' Compensation Division
BY: Paul Maynard
Claims Representative 2

CC: D & M TRUCKING CORPORATION INC
KOZAK JOHN H
RIAZ RIAZ UDDIN MD
CHARLESTON PAIN MANAGEMENT CONS I
VASS VOCATIONAL SERVICES

MADISON MEDICAL, PLLC
705 Madison Avenue • Madison, WV 25130
Phone (304) 369-5170 • Fax (304) 369-1742

Robert B. Atkins, M.D.
Family Practice

John Mark Snyder, D.O.
General Practice

Ron D. Stollings, M.D.
Internal Medicine, Geriatrics

Barbara J. Koster, MSN-RNC
Nurse Practitioner

February 13, 2002

Worker's Compensation
P. O. Box 3151
Charleston, WV

RE: Christopher Lester
Claim No. 2000046841
DOI: 3/10/00

Dear Sirs,

Christopher Lester is presently taking Oxycontin 40 mg 1 three times daily for pain control. He is also being treated at the pain clinic with injections. At present his pain is stable. In the future, once he has had some further injections, may be able to consider reduction on the Oxycontin. For the time being I am not going to be able to do so.

Sincerely,

John M. Snyder, D. O.
JMS:bw

Attending Physician Report

Return Completed Form To:
Workers' Compensation Division
P.O. Box 3151, Charleston, West Virginia 25332

FOR DIVISION USE ONLY
Claims Manager Nena Peay
Trucking/Agr & Food Proc
Claimant's County BOONE

WC-219 Rev. 9-94

SECTION I: To be completed by the injured worker (FORM MAY BE RETURNED IF ALL QUESTIONS ARE NOT ANSWERED.)

1. Claim No. 2000046841 SS No. [redacted]3340 2. Current Telephone No. 304-369-6657
Emp. Fisk No. 98001651 DOI 03/10/2000

Claimant's Name and Address

CHRISTOPHER W LESTER SR
P.O. BOX 1113
DANVILLE, WV 25053

Employer's Name and Address

D & M TRUCKING CORPORATION
502 BOB VINES RD
GHENT, WV 25843

3. ***Please mark any needed changes in your address as printed above.***

4. Have you performed any kind of work or have you received income for any work during the time you have been certified temporarily and totall disabled? ☐ Yes ☒ No

5. I hereby certify that the statements and answers set forth above are true and correct to the best of my knowledge and belief. I am aware that the law provides for severe penalties if I knowingly and with fraudulent intent withhold a material fact or make a false statement in order to obtain or increas a benefit that I am not entitled to. Claimant's Signature Christopher W Lester Date 06-06-01

SECTION II: To be completed by the Attending Physician (PLEASE COMPLETE ALL QUESTIONS.) Attach Additional Pages If Necessary.

If claimant has reached maximum degree of medical improvement, please complete form WC-219a, NOTICE OF MAXIMUM MEDICAL IMPROVEMENT.

1. Date of this examination 5/25/01 (Month Day Year) 2. Date of next appointment 6/29/01 (Month Day Year)

3. A. Is this the first examination and/or treatment by you for this injury? ☐ Yes ☒ No If Yes, please advise as to how the claimant came under your care.

B. Does claimant continue under your active care? ☒ Yes ☐ No If No, please explain.

C. Has the claimant been referred to another physician for any of the following? (Check appropriate box(es) and explain basis for your referral.)
☒ Consultation ☒ Evaluation ☒ Treatment Pain Management / Ortho Eval.

4. Diagnosis (ICD9-CM) code and description
847.0 847.2
847.1 959.01
296.23

5. Please describe your treatment plan and list medications currently being prescribed, their dosages and the refill limit. Keep Flu & Pain Clinic + Psyh.
continue oral medications
awaiting eval. from orthopedic

6. Has normal or expected recovery been delayed due to complications, concurrent medical problems, pre-existing medical condition, subsequer trauma, etc? ☐ Yes ☐ No If Yes, please explain condition and how it has affected recovery.

7. Will claimant need rehabilitation services? ☐ Yes ☐ No If Yes, please specify.

8. Is claimant temporarily and totally disabled? ☒ Yes ☐ No If Yes, is disability due t compensable diagnosis or other causes? Please explain.

9. Please indicate the anticipated date claimant will be able to return to:
Modified Work ___ Trial Return to Work 8/13/01 Full-time Work ___

10. If the claimant has **reached maximum medical improvement**, is there, or do you anticipate, any permanent impairment as a result of the compensable injury? ☐ Yes ☐ No If Yes, please complete form **WC-219a, Notice of Maximum Medical Improvement.**

11. Physician's Name, Address & Telephone No.

MADISON MEDICAL PLLC
705 MADISON AVENUE
MADISON, WV 25130

Phone: 304-369-5170

FEIN 550664546

12. Physician's Signature

6-4-01
Date

RQ

FUNCTIONAL CAPACITY EVALUATION

The FUNCTIONAL CAPACITY EVALUATION was performed on Wednesday, March 26, 2003. Prior to the evaluation, Mr. Lester was instructed to give maximum effort during today's testing procedures. The informed consent was presented, his questions were answered, and he stated he read and understood this information.

Age: 31 years
Height: 5 ' 8 "
Weight: 295 lbs
Blood Pressure: 100 / 64 mmHg
Pulse: 101 BPM at rest Not to exceed predicted 85% of maximum: 161 BPM

PHYSICAL EXAMINATION:

Muscular Atrophy: None
Skin: Normal
Tone: Normal
Discoloration: None
Hair Loss: None

SPINAL MOBILITY:

CERVICAL SPINE:	ROM	NORMAL **	Strength
Flexion	10^0	61°	4/5
Extension	20^0	76°	4/5
Rotation Right	30^0	68°	4/5
Rotation Left	28^0	68°	4/5
Side Bending Right	22^0	43°	4/5
Side Bending Left	12^0	43°	4/5

** Normal Range of Motion of the Cervical Spine: An Initial Goniometric Study, Physical Therapy / Volume 72, Number 11/ Nov.1992.

LUMBAR SPINE:	ROM	NORMAL**
Flexion	10^0	25 to 35
Extension	5^0	10 to 15
Rotation Right	14^0	8 to 12
Rotation Left	10^0	8 to 12
Side Bending Right	10^0	20 to 30
Side Bending Left	8^0	20 to 30

** Performed with the BROM II Back Range of Motion testing device.

The abdominal muscle strength is 60% of normal. The back extensor muscle strength is 60% of normal.

UPPER EXTREMITIES

	LEFT		RIGHT	
	ROM	STRENGTH	ROM	STRENGTH
SHOULDER				
Flexion	50%	3/5	100%	5/5
Extension	90%	3/5	100%	5/5
External Rotation	60%	3/5	100%	5/5
Internal Rotation	90%	3/5	100%	5/5
Abduction	50%	3/5	100%	5/5
Adduction	100%	3/5	100%	5/5
ELBOW				
Flexion	100%	3/5	100%	5/5
Extension	100%	3/5	100%	5/5
WRIST				
Flexion	100%	3/5	100%	5/5
Extension	100%	3/5	100%	5/5
Pronation	100%	3/5	100%	5/5
Supination	100%	3/5	100%	5/5
Radial Deviation	100%	3/5	100%	5/5
Ulnar Deviation	100%	3/5	100%	5/5
HAND				
Fist	100%	4/5	100%	5/5
Spread	100%	4/5	100%	5/5

LOWER EXTREMITIES

	LEFT		RIGHT	
	ROM	STRENGTH	ROM	STRENGTH
HIP				
Flexion	75%	4/5	75%	3/5
Extension	100%	4/5	100%	3/5
Abduction	75%	4/5	75%	3/5
Adduction	100%	4/5	100%	3/5
Internal Rotation	90%	4/5	90%	3/5
External Rotation	90%	4/5	90%	3/5
KNEE				
Flexion	75%	4/5	75%	4/5
Extension	100%	4/5	100%	4/5
ANKLE/FOOT				
Dorsiflexion	100%	5/5	80%	4/5
Plantar Flexion	100%	5/5	80%	4/5
Inversion	100%	5/5	80%	4/5
Eversion	100%	5/5	80%	4/5

GRIP STRENGTH: The client's grip strength was tested over five repeated trials. He is right hand dominant. The results are as follows:

Right 55 to 100 pounds	Left 25 to 57 pounds
CV = 30%	CV = 39%

The Coefficient of Variance (CV) is calculated for each type of lift. The Coefficient of Variance is not to exceed 15%. If the Coefficient exceeds 15% the individual's attempts are not valid.

FUNCTIONAL TESTING:

Mr. Lester performed the following activities:

Balancing: Ambulates 20 feet across a 3" board on the floor forward and backward four times with two step-offs. This is within the expected norms. He uses his cane during the balance portion.
Toe walking forwards and backwards, though he has difficulty maintaining toe stance on right leg
Heel walking forwards and backwards, though he has difficulty maintaining heel stance on right leg
Sitting from standing and standing from sitting,

Could not perform these activities due to his complaints:

Stepping up and down to an 18" surface,
Climbing and descending stairs,
Climbing up and down to a waist high level,
Climbing and descending a ladder,
Squatting,
Squatting and bouncing,
Kneeling,
Returning to stance from the kneeling position,
Crawling,

WALK TEST:

A Walk Test was performed on Mr. Lester. This is an aerobic capacity test in which the individual walks one quarter of a mile at a normal pace (Nine laps of an indoor track). He is able to walk only three laps. He walks with a much slower than normal pace and a consistent gait pattern.

Walking: Observation of his walking in the evaluation today revealed a normal gait pattern. He uses his cane on occasion

Sit/Stand: He states his maximum sitting time is limited to approximately 20 minutes and his standing time is limited to approximately 15-20 minutes.

He was observed to sit 30 minutes. He was observed to stand 10 minutes.

LIFTING & CARRYING:
A Lifting Assessment was used to assess strength and endurance.

	Rare 1% to 5%	Occasional 33 to 50%	Frequent 50 to 66%	Continuous 67% to 100%
Floor to Waist lift:	Negligible			
Waist / top of head:	5			
Horizontal Carry:	20	15	10	5

Numbers listed are in pounds.

A strain gauge was used to assess repeated static lifting:

Arm Lift (5 attempts) 44 to 51 pounds; CV = 8%
Leg Lift (5 attempts) 56 to 78 pounds; CV = 17%

**His mean lift is 66 pounds statically (static leg lift). Forty percent of maximum static lifting (26 pounds) is the expected maximum for an eight-hour workday and should be similar to his dynamic lifting ability. He is unable to lift weight from the floor safely during floor lift due to weakness in legs and reported pain in his back.

DALLAS PAIN QUESTIONNAIRE:
The Dallas Pain Questionnaire indicates a both a medical and behavioral approach is suggested for Mr. Lester.

RANSFORD PAIN DRAWING:
The Ransford Pain Drawing is used as a screening tool to determine if the candidate may need additional psychological evaluation. A score of three or more indicates that the candidate may have poor psychometrics and additional psychological evaluation may be needed (*Ransford et Al, Spine, 1 1976*). This candidate scored a three on his pain drawing.

CLIENT'S VALIDITY:
To determine if the client's test results are indicative of a maximum effort, several validity tests are employed.

The Waddell's Non-Organic Signs is performed to discern possible symptom magnification on the part of the patient. Five tests are conducted; three positive tests indicate symptom magnification.

Tenderness –negative
Axial Load – negative
Simulated Rotation –positive
Distraction – positive
Inconsistent or poor effort –positive

Reported Pain Level.
Prior to the evaluation his pain level was a 4 on a scale of 0 to 10. Upon completion of the evaluation Mr. Lester states his pain is located in the same area but has intensified and is a 9-10 out of a possible 10.

DISCREPANCIES:
The following discrepancies were noted:

- Inconsistent effort with grip strength testing of the right hand.
- Inconsistent effort with grip strength testing of the left hand.
- Inconsistent effort with static leg lift test.
- Failed Waddell's Non-Organic Signs.
- Inconsistencies between functional abilities and manual muscle testing results. He demonstrated inability to perform squat when asked to perform activity alone, but is able to achieve full squat when attempting floor lift.

RESULTS:
Mr. Lester exhibits a generalized weakness in abdominal, lumbar, and bilateral lower extremities musculature. He presents with moderate range of motion deficits in the lumbar spine. He is unable to safely lift from the floor due to inability to lift body weight alone from a squat to an erect position. He carries 20 pounds repeatedly from waist height to waist height. He lifts 66 pounds statically (static leg lift). Forty percent of maximum static lifting (26 pounds) is the expected maximum for an eight-hour workday and should be similar to his dynamic lifting ability. He has poor body mechanics and poor posture.

CLINICAL IMPRESSION:
At the time of the evaluation, I believe Mr. Lester is capable of a Light work classification, on a horizontal level only, carrying up to 20 pounds infrequently, and 10 pounds on a frequent basis when working in a safe environment and using proper body mechanics.

Bobbi Jo Chapman, OTR/L, CHT

Bobbi Jo Chapman, OTR/L, CHT

Certificate of Medical Necessity

U.S. Department of Labor
Employment Standards Administration
Office of Workers' Compensation Programs
Division of Coal Mine Workers' Compensation

Completion of this form and prior approval is required for the Department of Labor to authorize reimbursement of charges for equipment, scheduled pulmonary rehabilitation services and home nursing care. Authorization covers a maximum period of one (1) year. Fill in all applicable items. (See DOL Reimbursement Standards under item eleven (11)). This form must be signed and dated by the treating physician.

OMB No.: 1215-0113
Expires: 10-31-99

1. & 2. Patient's Name and Mailing Address
CHRISTOPHER LESTER
PO BOX 1113
DANVILLE, WV 25053

3. Telephone Number
(304) 369 6657

4. Social Security Number
[redacted]-3340

5. Date of Birth
[redacted]1971

6a. Date(s) of last hospitalization
From:
To:

6b. Condition(s) treated while in hospital

7. DIAGNOSIS for which this prescription is written:
Chron Lung Dis

8a. Type of Prescription
[X] Original (New)
[ ] Recertification (Renewal)

8b. Requested Duration of Prescription for DME, Home Nursing or Pulmonary Rehabilitation
Beginning Date: 03-19-03
Ending Date: 03-19-04

9. EQUIPMENT OR SERVICE PRESCRIBED (SEE NO. 11, REVERSE, FOR CORRESPONDING REIMBURSEMENT STANDARDS)

9a. Oxygen Delivery Equipment (11b.) Prescription: Flow Rate (L/M) _____ Est. Hrs./Day _____

[ ] Tank O_2 With Flowmeter and Humidifier
[ ] O_2 Concentrator
[ ] O_2 Liquid System
[ ] Portable Unit (Gaseous)
[ ] O_2 Liquid System With Portable Liquid

9b. Other DME
[ ] Manual Hospital Bed (11c.)
[ ] Semi-electric Hospital Bed (11c.)
[ ] Nebulizer with Motor (11a.)
[ ] Commode (11f.)
[ ] Wheelchair (11g.)
[X] Other (Explain in item no. 12.)

9c. Prescription for Medical Services
[ ] Pulmonary Rehabilitation Services (See 11e.)
Level: _____
[ ] Home Nursing Care (See 11d.)

10. Objective Test Results - Original or Certified copies of all lab reports must be attached, including tracing for each PFT. The following data (10A through 10D for a PFT; 10E through 10I for an ABG) MUST BE reported below OR on the attached lab report. (Note: Patient's condition is considered ACUTE if test was taken during a hospitalization.)

A. Pulmonary Function Test
Date of test: MM DD YY
Pt.'s condition: [ ] Acute [ ] Chronic
Results: (Best Effort)

	Predicted	Bronchodilation	
		Before	After
FEV1 L/BTPS			
FVC L/BTPS			

B. Check as appropriate (if "poor", explain in No. 12 "Additional Comments")
Miner's Cooperation: [ ] Good [ ] Fair [ ] Poor
Miner's ability to understand instructions and follow directions: [ ] Good [ ] Fair [ ] Poor

C. Was equipment calibrated before the test? [ ] Yes [ ] No

D. Testing Facility Name and Address:

E. Arterial Blood Gas Test
Date of test: MM DD YY
Pt.'s condition: [ ] Acute [ ] Chronic
Results:

PO_2	PCO_2	PH

F. Air Intake: [ ] On room air [ ] On O_2 @ ____ LPM

G. Time Sample Drawn _____ Iced [ ] Yes [ ] No Time Sample Analyzed _____

H. Was equipment calibrated before the test? [ ] Yes [ ] No

I. Testing Facility Name and Address

Form CM-893
Rev. Dec 1995

500688.015.0208

P. 1

* * * Transmission Result Report(MemoryTX) (May. 8. 2003 2:02PM) * * *

File No. Mode	Destination	Pg(s)	Result	Page Not Sent
4466 Memory TX	13049266092	P. 2	OK	

Reason for error
E.1) Hang up or line fail
E.2) Busy
E.3) No answer
E.4) No facsimile connection

MADISON MEDICAL, PLLC
705 Madison Avenue • Madison, WV 25130
Phone (304) 369-5170 • Fax (304) 369-1742

Robert S. Atkins, M.D.
Family Practice

John Mark Snyder, D.O.
General Practice

Ron D. Stollings, M.D.
Internal Medicine, Geriatrics

Barbara J. Koster, MSN-RNC
Nurse Practitioner

FAX COVER SHEET

TO: Workers Comp

FROM: Debbie / Dr. John Snyder

RE: Christopher Lester

NUMBER OF PAGES INCLUDING COVER SHEET: 2

DATE: 5/8/03

ADDITIONAL COMMENTS:

14

J. MARK SNYDER, D.O.
705 MADISON AVENUE
MADISON, WV 25130
PHONE (304)369-5170
FAX (304)369-1742

DATE 4-16-03

NAME Christopher Lester

CLAIM 20000 46841

SS# [redacted]-3340

D.O.I. 3-10-00

Dear Beverly Dean Bowles

I am requesting authorization for the above patient to obtain the following services:

orthopedic consult

Thank you for your assistance.

Sincerely,

J Mark Snyder, DO

J. Mark Snyder, D.O.
JMS/fgb

Enclosures: office notes

Day Surgery Center

4407 MacCorkle Ave. SE
Charleston, WV 25304

304-925-3535

Patient History for:

Chart # 3687

Patient : LESTER, CHRISTOPHER
Address : P.O. BOX 1113
DANVILLE, WV25053
DOB : 12/23/1971

SSN : [redacted]3340
DOI : 03/10/2000
Claim # : 2000046841
Phone # : (304) 369-6657

12/18/2002
Transcription Note(s):
1. Created By: Kimber D Marcum (12/19/2002 10:46:00 AM)

FOLLOWUP NOTE: Mr. Lester presents to us today with continued complaints of cervico dorsal and lumbar pain with numbness radiating into his right lower extremity. He describes his pain as ranging from aching, burning and moderate to severe in nature, aggravated with increased walking and standing, relieved somewhat with rest, application of heat and pain medications. He was seen in our office last month and received a lumbar facet injection, however he cannot recall having this procedure and is uncertain as to whether this benefitted him at that time. He reports, however, that he does not feel that our injection modalities, including lumbar facets and lumbar trigger point injections have alleviated any of his discomfort. Therefore, we do not find indication to proceed with additional injections.

PFMSH: Allergies none. He is permanently disabled. Other chronic medical conditions include CVA, seizure disorder and depression.

CURRENT MEDICATIONS: OxyContin, Lipitor, Flexeril, Trazadone, Topamax, Effexor, and Aspirin.

PHYSICAL EXAMINATION: Blood pressure is stable at 139/84, heart rate is 107, respirations are 14. He is a friendly and cooperative, obese, young white male. He ambulates with a slight limp and uses a cane. He has a normal cervical and limited lumbar range of motion on flexion and extension. His SLR's are negative bilaterally at 90 degrees. He has a moderate amount of bilateral lumbar facet tenderness on exam. His reflexes remain +2 to his upper and lower extremities. His motor strength is 5/5 without gross neuro sensory deficits.

DIAGNOSIS/PLAN OF TREATMENT: (847.0) Cervical strain, (721.3) Lumbar spondylosis and (847.2) Chronic lumbar strain.

At this time, we have discharged Mr. Lester from our practice, as we do not feel that further injection modalities will improve his pain or condition. His PCP is to continue with his narcotic administration, as currently being prescribed. However, we do recommend that Mr. Lester have Urine Drug Screens at random on a bi-yearly to yearly basis, as well as pill counts.

12/19/2002

DEC 19 2002

Thank you for allowing us to participate in the evaluation and care of Mr. Lester, as he will now follow with Madison Medical, PLLC.

cc: WC / Donna Curry

Madison Medical, PLLC

Dictated: Hester Hartman, PAC

Approved By: Francis M Saldanha (12/19/2002 11:17:00 AM)

DEC 19 2002

12/19/2002

MADISON MEDICAL, P.L.L.C.
705 MADISON AVE.
MADISON, WV 25130
PHONE# (304)369-5170 FAX# (304)369-1742

MEDICAL RECORDS RELEASE AUTHORIZATION

TO: Pain Clinic
DOCTOR

ADDRESS: _____

I HEREBY AUTHORIZE AND REQUEST YOU TO RELEASE TO:

Dr. Mark Snyder

THE COMPLETE RECORDS IN YOUR POSSESSION CONCERNING MY ILLNESSES AND/OR TREATMENTS DURING THE PERIOD FROM:

last visit
TO

NAME: Christopher Lester DATE: 12-2-02

ADDRESS: P.O. Box 1113
Danville, WV 25053

BIRTHDATE: [redacted]-71 SSN# [redacted]-3340

SIGNATURE: [signature]
(IF RELATIVE STATE RELATION)

WITNESS: [signature]

THIS RELEASE AND AUTHORIZATION SHALL BE VALID FOR ONE YEAR FROM ITS DATE OF SIGNATURE UNLESS TERMINATED IN WRITING BEFORE THAT DATE.

*If a fee is required for records please pre-bill. The physicians office will not be responsible for any fees incurred.

auth/12-03-02/*8 ** VE. OR COPY ** 1024458

Bob Wise
Governor

Robert J. Smith
Commissioner

West Virginia Bureau of Employment Programs

• Job Service • Labor Market Information
• Unemployment Compensation • Workers' Compensation
an equal opportunity/affirmative action employer

January 8, 2003

MADISON MEDICAL PLLC
705 MADISON AVENUE
MADISON, WV 25130

CHRISTOPHER W LESTER SR
P.O. BOX 1113
DANVILLE, WV 25053

Re: Claim 2000046841
S.S.N. [redacted]3340
D.O.I. 03/10/2000

PLEASE READ CAREFULLY - AUTHORIZATION DECISION

The request from MADISON MEDICAL PLLC dated 01/02/2003, is Approved.

THIS LETTER SHALL SERVE AS AUTHORIZATION FOR OXYCONTIN 20MG THRU SPECIFIED DATES.....PLEASE SEND IN MEDICAL UPDATE.....

Authorized Dates are 01/02/2003 through 04/02/2003.

Your authorization number is 300254391.

For procedures, such as surgery, that are authorized and require multiple providers, the attending physician should share the authorization number with those providers to assure payment of their bills.

If it is later determined you are not entitled to authorized services, payment will be recovered.

Any party to this claim may protest this decision within 30 days from the date you receive this letter. You must send a written protest, along with a copy of this order, to the Office of Judges, P.O. Box 2233, Charleston, WV 25328-2233. Copies must also be sent to all other parties to the claim.

After the protest is filed, all parties may negotiate a final settlement of any and all issues in a claim, excluding medical benefits. To inquire about settling this claim, contact Workers' Compensation Internal Management Services, Settlement Unit, at P. O. Box 3587, Charleston, WV 25336-3587.

If you have any questions or concerns, you may reach me at 800-231-4850.
Workers' Compensation Division
BY: Sherry Ghanim
Claims Representative 2

CC: D & M TRUCKING CORPORATION INC

CHARLESTON AREA MEDICAL CENTER
RIAZ RIAZ UDDIN MD
CHARLESTON PAIN MANAGEMENT CONS I
VASS VOCATIONAL SERVICES
LAW OFFICES OF STUART CALWELL PLL

01-31-03
mailed
D.N
800-01/03

500688.015.0214

I.M.D., Inc.

4984 Washington Street, West
Cross Lanes, West Virginia 25313
(304) 776-4771 / 800-749-8603

Offices Also Located In:
Beckley, WV
Morgantown, WV

Office Mailing Address:
P.O. Box 7573
Cross Lanes, WV 25356-0573

PTD/LME
Part 1 of

April 29, 2003

Bureau of Employment Programs
Workers' Compensation Division
Office of Claims Management
Post Office Box 431
Charleston, WV 25322-0431

Attn: Mary Risk
Claims Manager

PTD EVALUATION

Claimant: CHRISTOPHER W. LESTER
Address: P.O. Box 1113
Danville, WV 25053
Claim No.: 950006803 DOI: 08/10/94
Main Claim: 2000046841 03/10/00
S.S.N.: [redacted]3340

The following is an orthopaedic evaluation which was performed at Independent Medical Doctors in Cross Lanes, West Virginia, by Joseph E. Fernandes, M.D., on the 29th of April, 2003.

RECEIVED MAY 2 [illegible] 2003

Joseph E. Fernandes, M.D.

401 Division St., Suite 104
South Charleston, WV 25309
Telephone (304) 766-3403

Date: April 29, 2003

Claimant: CHRISTOPHER W. LESTER
Claim No.: 2000046841
S.S.N.: [redacted]3340
D.O.I.: 03/10/2000

Dear Ms. Risk,

The above-named claimant was examined by me on the 29th of April, 2003 with reference to his work related injuries whose claim numbers are given above.

SOCIAL HISTORY: The claimant is thirty-one years old and married. He is a high school graduate. The claimant does not smoke cigarettes nor take alcoholic beverages.

MEDICAL HISTORY: The claimant suffers from hypertension and high serum cholesterol. He has been treated for seizure disorder. The claimant gives a vague history of sustaining a stroke in August, 2002 and he was hospitalized for nine days in Saint Francis Hospital. Currently he takes Lipitor, Vioxx, Percocet, Flexeril, Trazodone, Effexor and Topamax. He uses a TENS unit.

The claimant is under the care of Dr. John Snyder, his family Physician, Dr. Riaz, Psychiatrist and Dr. Rheal, Neurologist for seizure disorder treatment.

HISTORY OF NONWORK-RELATED INJURIES: The claimant sustained fracture left clavicle in 1986.

WORK HISTORY: At the time of his major and recent work related injury on the 10th of March, 2000 the claimant was working as a truck driver for D&M Trucking Corporation. He had worked there for approximately three years. Prior to that he worked for other trucking companies as a driver.

The claimant has not worked since March, 2000.

Diplomate, American Board of Orthopaedic Surgery
Fellow, American Academy of Orthopaedic Surgeons
Member, American Academy of Disability Evaluating Physicians
Fellow of the Royal College of Surgeons of Edinburgh

Joseph E. Fernandes, M.D.

401 Division St., Suite 104
South Charleston, WV 25309
Telephone (304) 766-3403

Date: April 29, 2003

Claimant: CHRISTOPHER W. LESTER
Claim No.: 2000046841
S.S.N.: [redacted]3340
D.O.I.: 03/10/2000

HISTORY OF PRIOR WORK-RELATED INJURIES: I will enumerate the prior work related injuries in the review of medical records.

HISTORY OF CURRENT WORK-RELATED INJURY:

CI#: 2000046841/DOI: 03/10/00

On the 10th of March, 2000 the claimant was standing on the fender of a coal truck when he fell sideways landing on his left shoulder and hitting his head against another vehicle. Apparently he had loss of consciousness. He was seen in Charleston General Hospital where he was diagnosed to be suffering from closed head injury, cervical, thoracic and lumbar strain. The claimant was treated non-surgically by Dr. Marsha Bailey and several other physician's. The claimant was also evaluated by Dr. C. Amores, Neurosurgeon and also received treatment at the Pain clinic provided by Dr. Saldanha.

CURRENT SYMPTOMS: The claimant complains of restriction of movement in the left shoulder. He experiences pain in the left shoulder whenever he moves his left arm. The claimant often has pain in the left shoulder when he wakes up in the morning.

The claimant complains of pain in the back of his neck when he lies in bed. The neck pain apparently radiates to his right ear. During the daytime sometimes he has neck pain with certain movements of his neck. The claimant does not have any radiation of pain to the upper extremities. Occasionally he has numbness in the left 4th and 5th fingers.

The claimant does not have any symptoms in relation to his upper back. He complains of a dull pain in his lower back which radiates to his right leg along the back of his right hip and right thigh and

Diplomate, American Board of Orthopaedic Surgery
Fellow, American Academy of Orthopaedic Surgeons
Member, American Academy of Disability Evaluating Physicians
Fellow of the Royal College of Surgeons of Edinburgh

Joseph E. Fernandes, M.D.

401 Division St., Suite 104
South Charleston, WV 25309
Telephone (304) 766-3403

Date: April 29, 2003

Claimant: CHRISTOPHER W. LESTER
Claim No.: 2000046841
S.S.N.: [redacted]3340
D.O.I.: 03/10/2000

then radiating towards the right shin. He has transient episodes of "pins and needles" sensation in his right foot toes lasting from a few minutes to several hours.
The claimant complains of pain in the right knee whenever his lower back hurts. He does not have any symptoms in relation to his left knee. The claimant uses a cane in his right hand when he goes out of the house.

The claimant had some incontinence of the urine following his back injury but since he had the stroke in August, 2000 he has more problems with his bladder and he uses a Texas catheter. The claimant does not have any bowel dysfunction.

FUNCTIONAL ACTIVITIES: The claimant has not worked since March, 2000. He is receiving social security disability benefits.

The claimant does some household chores but he is not involved in any outdoor activities like hunting or lawn mowing. He does go fishing with his brother-in-law approximately once a month.

REVIEW OF MEDICAL RECORDS: The medical records made available to me were reviewed. The medical records will be reviewed in the chronological order with details regarding treatment received.

Cl#: 950006803/DOI: 08/10/94

The claimant was working for Tri-State Home Center as a setup crew. On the 10th of August, 1994 as he was walking, his left ankle turned over and he fell in a ditch injuring his lower back and left ankle. X-rays of the lumbar spine were done in Boone Memorial Hospital which revealed compression fracture T11 vertebra with less than 25% anterior height loss. X-rays of the left ankle and lumbar spine did not show any abnormality.

Joseph E. Fernandes, M.D.

401 Division St., Suite 104
South Charleston, WV 25309
Telephone (304) 766-3403

Date: April 29, 2003

Claimant: CHRISTOPHER W. LESTER
Claim No.: 2000046841
S.S.N.: [redacted]3340
D.O.I.: 03/10/2000

The claimant was followed up by Dr. Chinuntdet on the 12th of August, 94 and he was treated with a thoracolumbar Jewett type brace. The claimant was followed up by Dr. Chinuntdet and he underwent physical therapy for his back and received prescriptions for analgesics as well as anti-inflammatory medications.

On the 5th of January, 95 he was evaluated by Dr. H. M. Hills who concluded that he had not reached maximum medical improvement. Dr. Hills suggested additional physical therapy and weight loss. The claimant continued physical therapy and followed up with Dr. Chinuntdet.

The claimant was re-evaluated by Dr. Hills on the 24th of August, 95. Dr. Hills concluded that he had 10% permanent impairment.

On the 19th of September, 95 the claimant was evaluated by Dr. Ignatiadis who stated that his permanent impairment to be less than 10% for the compression fracture T12 vertebra. Dr. Ignatiadis stated that he will not be able to return to his pre-injury job. He stated that he shoulder be treated non-surgically.

The claimant was evaluated by Dr. Majestro on the 30th of November, 95 complaining of right shoulder weakness. Dr. Majestro stated that there was no impairment with reference to his right shoulder.

On the 18th of July, 1996, he was discharged from work hardening program in Logan General Hospital Physical Therapy. He was placed in sedentary physical demand level. His pre-injury job was heavy physical demand level. The claimant was followed up by Dr. Chinuntdet at regular intervals.

On the 7th of January, 97 the claimant was evaluated by Dr. Paul Bachwitt. MRI of the lumbar spine done on the 3rd of August, 96 revealed no evidence of herniated nucleus pulposus. The claimant

Diplomate, American Board of Orthopaedic Surgery
Fellow, American Academy of Orthopaedic Surgeons
Member, American Academy of Disability Evaluating Physicians
Fellow of the Royal College of Surgeons of Edinburgh